

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		1				
4		2				
5		2				
6		2				
7		2				
8	1	2				
9	/					
10	/					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	16					
TOTAL CLAIMS	21					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								